ADMINISTRATION HEALTH CARE ( LITY

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2801		(XQ) MULTII A, BUILDING B. WING	PLE CONSTRUCTION  1 01 - MAIN BUILDING 01	(X3) DATE 6 COMPL	UAVEY ETED 7/2010	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, OTTY, S	TATE, ZIP CODE	- Ulik	rizut <b>u</b>	
WINCHE WINCHE				PITAL ROAD STER, TN 37398		1.7		
(X4) ID PREFIX TAG	Summary Statement of Deployencies (Racm Deployency Must be preceded by Pull Regulatory or LSC (Dentifying Information)			ID PREFIX TAG	PROVIDER'S PLAN OF GO (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE DEFICIENCY)	M GHOID.D RE	MILD RE CONTRIB	
N 002	1200-8-6 No Deficiencies			N 002		; · 14	1.1	
	review on 1/27/10, was in compliance requirements of the Health, Board of Li-	tions, testing and reci it was determined the with the Life Safety ( Tennessee Departr censing Health Care 08-06 Standards for	e facility Code ment of Facilities	٨		2 * :		
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sion of Hea	III) Care Facilities	1/1		/	TIJLE	(	XII) DATE	
ORATORY D	PIRECTOR'S OR PROVIDI	GRIOUPPLIER REPRESION	ATHUDERENI	ATURE	Adaministrata	2/1	2/11	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** 03 - EMERALD/HODGSON A. BUILDING B. WING 01/27/2010 TN2601 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **629 HOSPITAL ROAD** SOUTHERN TENN MEDICAL CENTER SNF WINCHESTER, TN 37398 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 002 1200-8-6 No Deficiencies N 002 Based on observations, testing and records review on 1/27/10, it was determined the facility was in compliance with the Life Safety Code requirements of the Tennessee Department of Health, Board of Licensing Health Care Facilities and Chapter 1200-08-06 Standards for Nursing homes.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Care Facilities

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If continuation sheet 1 of 1

(X6) DATE

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